

**Review Form 1.7**

Journal Name:	<b>Asian Journal of Case Reports in Surgery</b>
Manuscript Number:	<b>Ms_AJCRS_117990</b>
Title of the Manuscript:	<b>A Case report of a cardiac arrest under a total spinal anesthesia</b>
Type of the Article	<b>Case report</b>

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**PART 1: Review Comments**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p><b>Compulsory</b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is the manuscript important for scientific community?</b> (Please write few sentences on this manuscript)</li> <li>2. <b>Is the title of the article suitable?</b> (If not please suggest an alternative title)</li> <li>3. <b>Is the abstract of the article comprehensive?</b></li> <li>4. <b>Are subsections and structure of the manuscript appropriate?</b></li> <li>5. <b>Do you think the manuscript is scientifically correct?</b></li> <li>6. <b>Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form.</b></li> </ol> <p><b>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</b></p>	<ol style="list-style-type: none"> <li>1) <b>Yes. I appreciate and congratulate the effort taken by the authors to document this case report. This case report helps to add to existing knowledge regarding the management of High spinal anesthesia and make a crucial decision regarding postponement of surgery or to go ahead with surgery in case of on-table cardiac arrest.</b></li> <li>2) <b>Yes, but I would like to suggest- The Successful Management of Cardiac Arrest under Total Spinal Anesthesia- A Case Report.</b></li> <li>3) <b>Yes.</b></li> <li>4) <b>Yes</b></li> <li>5) <b>Yes</b></li> <li>6) <b>Yes</b></li> </ol>	
<p><b>Minor</b> REVISION comments</p> <ol style="list-style-type: none"> <li>1. <b>Is language/English quality of the article suitable for scholarly communications?</b></li> </ol>	<p>Grammer can be corrected. Some better Phrases and more appropriate terms can be used to deliver the scientific meaning.</p>	
<p><b>Optional/General</b> comments</p>	<ol style="list-style-type: none"> <li>1) Introduction- We report a case of sudden unexpected cardiac arrest of a young man, ASA 1, scheduled for left inguinal hernia repair under a spinal anesthesia. (who was successfully revived after efficient and timely management).</li> </ol> <p>Comment- It will be better to write the outcome also that patient was successfully revived.</p> <ol style="list-style-type: none"> <li>2) His vitals were normal with BP 132/68, HR 67Bpm, respiratory rate 16 and SpO2 98%-Add units of each parameter. His preoperative workup was strictly normal, with a hemoglobin level of 13.7 g/dl. No need of strictly.</li> <li>3) Anesthetic plan was discussed and patient was consented for spinal anesthesia. Comment- patient consented for spinal anesthesia.</li> <li>4) The patient was admitted to the operating room, installed on an operating table- better word will be shifted to operating table.</li> <li>5)An intravenous acces (18G cannula) was secured - correct spelling of Access.</li> <li>6) Then the patient was installed in a sitting position, with all necessary aseptic measures in place, a spinal anesthesia was realised by an anesthetist- better words will be - Then the patient was positioned in a sitting position, with all necessary aseptic measures in place, spinal anesthesia was given by an anesthetist.</li> </ol>	

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	<p>7) There are several contributing factors to total spinal anesthesia: [9]</p> <ul style="list-style-type: none"> <li>• Local anesthetic dosage</li> <li>• Patient positioning</li> <li>• Pre-existing epidural block</li> <li>• Unrecognized dural puncture and intrathecal injection</li> <li>• Accidental subdural block</li> <li>• Accidental intradural space</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Kindly get a better reference for above contributing factors to total spinal anesthesia. What do you mean by Accidental intradural space? Meaning should be clear or correct it.</li> </ul> <p>8) Patient Position: Block height may be manipulated for up to 30 minutes with hyperbaric. Complete the sentence- with hyperbaric local anesthetic drugs.</p> <p>9) It will be better if intraoperative management is written more in detail. when patient was taken back for surgery how was the parameters, Lab reports, enzymes, ABG? why the patient was not extubated before if hemodynamic stable? In a joint decision, the surgical team and the anesthesiologist opted to delay the surgical procedure by 2 hours until the spinal effects regress. Then he was operated as planned and the remainder of the anaesthetic course was uneventful.</p> <p>Comment- If patient was operated under General Anaesthesia kindly mention hemodynamics and write in short about drugs used.</p>	
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**PART 2:**

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

**Reviewer Details:**

Name:	<b>Sumedha Mehta</b>
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